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A survey of nurse specialists working with patients with lung cancer

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In the last five years there has been a huge increase in the number of Lung Cancer Nurse Specialists in the United Kingdom. This has been due partly to the overall expansion of nurse specialist posts but also, more specifically, in response to the recognised need to improve existing services for patients with lung cancer. Recent research has suggested that the involvement of specialist nurses in the care of patients with lung cancer can lead to greater levels of patient satisfaction (Corner 2000), however, there has been little guidance on the development of such roles or the qualifications and experience necessary to fulfil the role effectively.

In an attempt to identify a current profile of lung cancer nurse specialists and the nature of their practice, a questionnaire was sent to all members of the National Lung Cancer Nurses Forum in August 2000. To register as a member of this Forum, patients with lung cancer must constitute at least 50% of the nurse's caseload.

One hundred and ten questionnaires were completed (response rate 86%).

Data from the survey will be presented which gives an insight to the profile of nurse specialists working with lung cancer patients, their role and areas of satisfaction and dissatisfaction. Implications and recommendations for practice will be discussed.

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The development and role of breast cancer nurses in the USA compared with the UK

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The purpose of this study was to compare the roles and educational preparation of nurses working in breast cancer care in the USA and the UK in order to inform the debate regarding the introduction of specific programmes for Nurse Practitioners (NP's) and Clinical Nurse Specialists (CNS's) in the UK. Neither the NP or CNS has an agreed definition of what the role constitutes leading to variation in educational preparation, experience and clinical remit.

A semi structured interview schedule was developed and these were completed with nurses, surgeons and educators. In the US, three hospitals and two universities were visited in New York and Kentucky, and in the UK two hospitals in the Midlands were used.

Analysis of the interviews provides a rich comparison of the diverse use of nursing titles, the variance in job roles, the education, and the perception of the role by the multi-professional team. The USA has an excellent education programme achieving equity in specialist nurses, but lacks specificity. In the UK there are short specialist courses but no specific programmes for practice at this level resulting in a lack of clarity for patients, nurses and other health professionals.The surgeons were clear that there was a role for CNS's and NP's but expressed concern regarding the lack of methods for auditing performance, the absence of any agreed education programme and the lack of conformity in definition of the criteria to be holding a CNS or NP post.

This study highlights the need to reconsider the spectrum of nursing roles and the need to identify at a national level specific education, skills and competencies that nurses will require in order to practice at this level.

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Communication issues for nurses: What's new on the agenda in the 21st Century?

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Introduction: Over the last decade studies have claimed that effective nurse-patient communication is a high priority for patients with cancer. With a high prevalence of psychological distress in this group of patients nurses are in a key position to assess and alleviate such distress. However, they are inhibited in doing so by poor communication practices and often report feeling stressed by these difficulties. Therefore to be meaningful, communication skills courses need to focus on nurses' perceived difficulties. Aim: The main objective of this study was to assess the areas of communication that nurses feel are important to address. Method: Eight three-day communication skills courses were held across the United Kingdom for nurses in cancer/palliative care. Participants were asked to set the agenda for the three days training. In particular, they were asked to identify specific areas of difficulties experienced with patients, relatives and colleagues. The data was analysed by content analysis. Results: The agendas set by 96 course participants suggest communication skills training for nurses in the 21st Century needs to address communicating with: withdrawn patients; controlling relatives; patients with unrealistic expectations; angry patients; patients in denial; patients' psychological distress; collusion between relatives and health professionals; unsupportive colleagues; patients with sexual difficulties and handling difficult questions. To address some of these issues and to assist with training a new video' Communication skills course for nurses in clinical cancer care' has been developed which will be demonstrated. The changes in priorities of nurses' perceived communication difficulties with patients over the last decade and the implications of these for training will also be addressed.

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Measuring patients response to received information. Finding out what they want and development of a satisfaction questionnaire

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Background: The benefits of accurate and relevant patient information are now undisputable. As no robust measures of satisfaction exist it is difficult to compare the quality of information provision in response to a new strategy within a cancer unit or between hospitals. The aim of this study was to derive from patients which aspects of information were most important to them and from this develop a questionnaire, which could be used across a cancer network.

Methods: 73 consecutive patients with a diagnosis of cancer, attending the oncology outpatients were asked to anonymously write down up to five most important aspects of information which helped them during their illness and subsequent therapies. Each answer was then read by a multidisciplinary panel of nurses, doctors and patients and categorised into of groups of similar themes.

Results: 73 patients (24 male, 49 female) returned a total of 303 answers, age range 26-78 years (mean 55 yrs). 38% had breast cancer, 28% bowel, 12% had ovarian and lymphomas as their diagnosis. The mean response per patient was 4 (range 2-5). The answers showed remarkable conformity and could be categorised into 7 main groups as shown below.

1. Side effects/how will I feel 64(87%), 2.Explanation of disease & prognosis 56 (77%), 3.Treatment options and explanations of therapy 55 (75%), 4.Logistical issues (transport, parking, work etc) 47 (64%), 5.Lifestyle issues (exercise, diet, smoking, sexuality) 39 (53%), 6.Follow up/what happens after therapy finishes/genetic risks 25(34%), 7.Support groups, alternative medicine 17 (23%).

Conclusions: From this data a one-page questionnaire has been developed with a 5 point Likert scale for each of these, patient chosen, seven sections. This questionnaire has been used in our network hospitals and has helped us selectively develop our information services. In addition to extra verbal explanation, for sections 1&3 we now routinely use the patient video "Chemotherapy & Radiotherapy"(available from HEP 02920 40 30 22) and points 3,4,5&7 a hand held file which links to individual files stored on cancernet.co.uk. For section 6 we are developing an end of initial treatment video and a family history cancer genetics information video and will use the questionnaire to audit their effectiveness in clinical practice.

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The pain education program: results of an implementation process on nursing wards

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Introduction: Pain is a major problem in cancer patients. In the Netherlands, the Pain Education Program (PEP) was developed as a tailored program in which verbal instruction, a pain brochure and the use of a pain